Report Name: Augmentative Communication Assessment Communication Skills Questionnaire

**Report Code:** DDD-1151AFORNA (2-03)

**Description:** Speech-Language Pathologist communication assessment. Spanish is on reverse.

Purpose: Documents the Speech-Language Pathologist's assessment for augmentative communication. This includes

the background, oral-motor status, present communication modalities, communication behavior/intent and

summary/comments/recommendations.

**Distribution:** Support Coordinators

Frequency: At request for augmentative communication device

## **Modifications:**

	Report		
Date	Fixed	Modification	Reason for Modification

TYPE_CODE As of [REPORT_DATE]	Divi	sion of Developmental D	isabilities	
As of [REPORT_DATE]		4		
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